



# BREWINS YOUTH HOCKEY

The Brewins Youth Hockey Association, Inc.  
P.O. Box 571  
Bridgewater, MA 02324

## 2021-2022 Coaching Application (4/1/21 Filing Deadline)

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Family Email Address: \_\_\_\_\_

1. Did you have children/players involved in the Brewins organization in the 2020-21 season? Yes \_\_\_ No \_\_\_  
If yes, at what level? 1<sup>st</sup> child/player \_\_\_\_\_ 2<sup>nd</sup> child/player \_\_\_\_\_ 3<sup>rd</sup> child/player \_\_\_\_\_

2. Are you currently registered as a USA Hockey Coach? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, indicate CEP # and Level: \_\_\_\_\_

3. Have you completed any of the USA Hockey Age Specific Modules? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please circle the module(s) completed: Mite Squirt Peewee Bantam Midget

4. Do you have previous hockey coaching experience? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, with what program? \_\_\_\_\_  
What level(s) did you coach? \_\_\_\_\_

5. Have you ever been relieved from your coaching duties at any time from an organizational sport?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give a brief description: \_\_\_\_\_

6. Are you new to the Brewins for the 2021-22 season? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please provide two (2) Names and Phone Numbers of reference from previous program(s):  
Name #1: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Name #2: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

7. Level you would like to be considered as a Head Coach?  
6U: \_\_\_\_ 8U (Mite): \_\_\_\_ 10U (Squirt): \_\_\_\_ 12U (Peewee): \_\_\_\_ 14U (Bantam): \_\_\_\_ 18U (Midget): \_\_\_\_

8. Level you would like to be considered as an Assistant Coach?  
6U: \_\_\_\_ 8U (Mite): \_\_\_\_ 10U (Squirt): \_\_\_\_ 12U (Peewee): \_\_\_\_ 14U (Bantam): \_\_\_\_ 18U (Midget): \_\_\_\_

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9. Are you able to attend a coaches meeting once per month? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Are you able to volunteer 4 hours for the Brewins Learn to Play program? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Learn to play typically begins in February and runs through April, with one hour each on Saturday and Sunday)

11. Will you be coaching another team in another program? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Please use this additional space to add comments about yourself (only for applicants that have not been a prior Head Coach in the organization).

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I agree to abide by all the rules, regulations, bylaws, and policies of USA Hockey, Massachusetts Hockey, and The Brewins Youth Hockey Association, Inc. I further understand that if I conduct myself in such a manner to be deemed a detriment to the welfare, safety, sportsmanship, or fair play embodied within the ideals set for the association, I can be removed from the position held. I agree to complete the online background screening, SafeSport Training, and the Age-appropriate Modules process through USA Hockey and/or Massachusetts Hockey.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**Email application to Coaching Coordinator:**

[Coaching@brewinsyouthhockey.com](mailto:Coaching@brewinsyouthhockey.com)

or

**Hand deliver application to:**

Gary McNaughton  
Brewins Coaching Coordinator